



Incident Report

Print Date/Time: 04/19/2016 09:01

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00007130

Incident Date/Time: 4/16/2016 2:04:00 PM
Location: SR 92 / 99TH AVE NE
LAKE STEVENS WA 98258
Phone Number: (360) 388-6705
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0075-Christensen
19S10	SS0013-Brooks

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	ANDERSON, JOHANNA					
1	Involved Party	INGVALDSON, AMBER L	8411 197TH AVE Granite Falls WA 98252	(425) 315-6929	White	Unknown	03/07/1992
1	Victim	ANDERSON, JACK ARNOLD	1701 N TOWER AVE Centralia WA 985315529	(360) 736-6091		Male	02/23/1967

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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04/16/2016 : 14:06:27 sp0287 Narrative: ON 92

04/16/2016 : 14:06:13 sp0287 Narrative: RP UNSURE ABOUT HER DOT

04/16/2016 : 14:05:51 sp0287 Narrative: CC, BETWEEN LOC AND CALLO RD, 2 VEHS, NON BLOCK, PULLED OVER WB SIDE, NON INJ, SIL TOYT TOCOMA VS BLK VW BUG

16-00007130, 041616 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E534599**CASE # **16-00007130**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02** OBJECT
STRUCKTRIBAL
RESERVATIONDATE OF COLLISION **04** - **16** - **2016** TIME (2400) **1605** COUNTY # **31** MILES **0664** CITY # **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
SR **92** BLOCK NO. ☒ **9900** MILE POSTDISTANCE **30** **00** MILES ☒ N ☒ E ☒ S ☒ W OF (REFERENCE OR CROSS STREET) **99 AVE NE**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4253156929**LAST NAME **INGVALDSON** FIRST NAME **AMBER** MIDDLE INITIAL **L**STREET NEW ADDRESS **8411 197TH AVE NE**CITY **GRANITE FALLS** ST **WA** ZIP **982529032**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **INGVAAL080DG** STATE **WA** SEX **F** D.O.B. **03** - **07** - **1992**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **AMV8068** STATE **WA** VIN# **3VWCA21C6YM417983**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2000** MAKE **VOLK** MODEL **BEE2D** STYLE **P4** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **AMBER INGVALDSON 8411 197TH AVE NE GRANITE FALLS WA 98252**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE 900703045**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 3607366091**LAST NAME **ANDERSON** FIRST NAME **JACK** MIDDLE INITIAL **A**STREET NEW ADDRESS **1701 N TOWER AVE**CITY **CENTRALIA** ST **WA** ZIP **985315529**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **ANDERJA334C3** STATE **WA** SEX **M** D.O.B. **02** - **23** - **1967**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **B41457R** STATE **WA** VIN# **5TEWMT2N24Z363812**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2004** MAKE **TOYT** MODEL **PU** STYLE **PC** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **JACK ANDERSON 1701 N TOWER AVE CENTRALIA WA 98531**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **FARMERS 188156129**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **R. BROOKS** BADGE OR ID # **0013** AGENCY **WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E534599**CASE # **16-00007130**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SANCHEZ ALISIA N																			
ADDRESS & PHONE # 201 BRIDGEWAY EVERETT WA 98201 4259312109														SEX	F	D.O.B. MMDDYYYY	09	-	18	-	2006
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES			
NAME (LAST, FIRST, MIDDLE INITIAL)		INGVALDSON CARSON D																			
ADDRESS & PHONE # 8411 197 AVE NE GRANITE FALLS WA 98252 4253156929														SEX	M	D.O.B. MMDDYYYY	11	-	27	-	2010
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	7	AIRBAG	2	RESTR.	8	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES			
NAME (LAST, FIRST, MIDDLE INITIAL)		SANCHEZ ALMA R																			
ADDRESS & PHONE # 201 BRIDGEWAY EVERETT WA 98201 4259312109														SEX	F	D.O.B. MMDDYYYY	10	-	20	-	2003
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	8	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES			

NARRATIVE

Unit 2 was slowing for traffic ahead in the round-a-bout. Unit 1 was unable to stop and hit the rear of Unit 2. There were no injuries reported and both vehicles had pulled to the side of the road prior to my arrival. Both vehicles were driven from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. BROOKS**04-16-16 05:27 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

4/16/2016 5:47:13 PM

BADGE OR ID #

0013

ORI #

WA0311900

TIME POLICE DISPATCHED

4:06 PM

TIME POLICE ARRIVED

4:06 PM
PART B 3000-345-160 R (7/06)

PAGE

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OF

4


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E534599**CASE # **16-00007130**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SANCHEZ MARISOL G																
ADDRESS & PHONE # 201 BRIDGEWAY EVERETT WA 98201 4259312109										SEX F	D.O.B. MMDDYYYY 03	-	07	-	1992			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		ANDERSON JOANNA L																
ADDRESS & PHONE # 1701 N TOWER AVE CENTRALIA WA 985315529 3607366091										SEX F	D.O.B. MMDDYYYY 03	-	27	-	1966			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 2 was slowing for traffic ahead in the round-a-bout. Unit 1 was unable to stop and hit the rear of Unit 2. There were no injuries reported and both vehicles had pulled to the side of the road prior to my arrival. Both vehicles were driven from the scene.

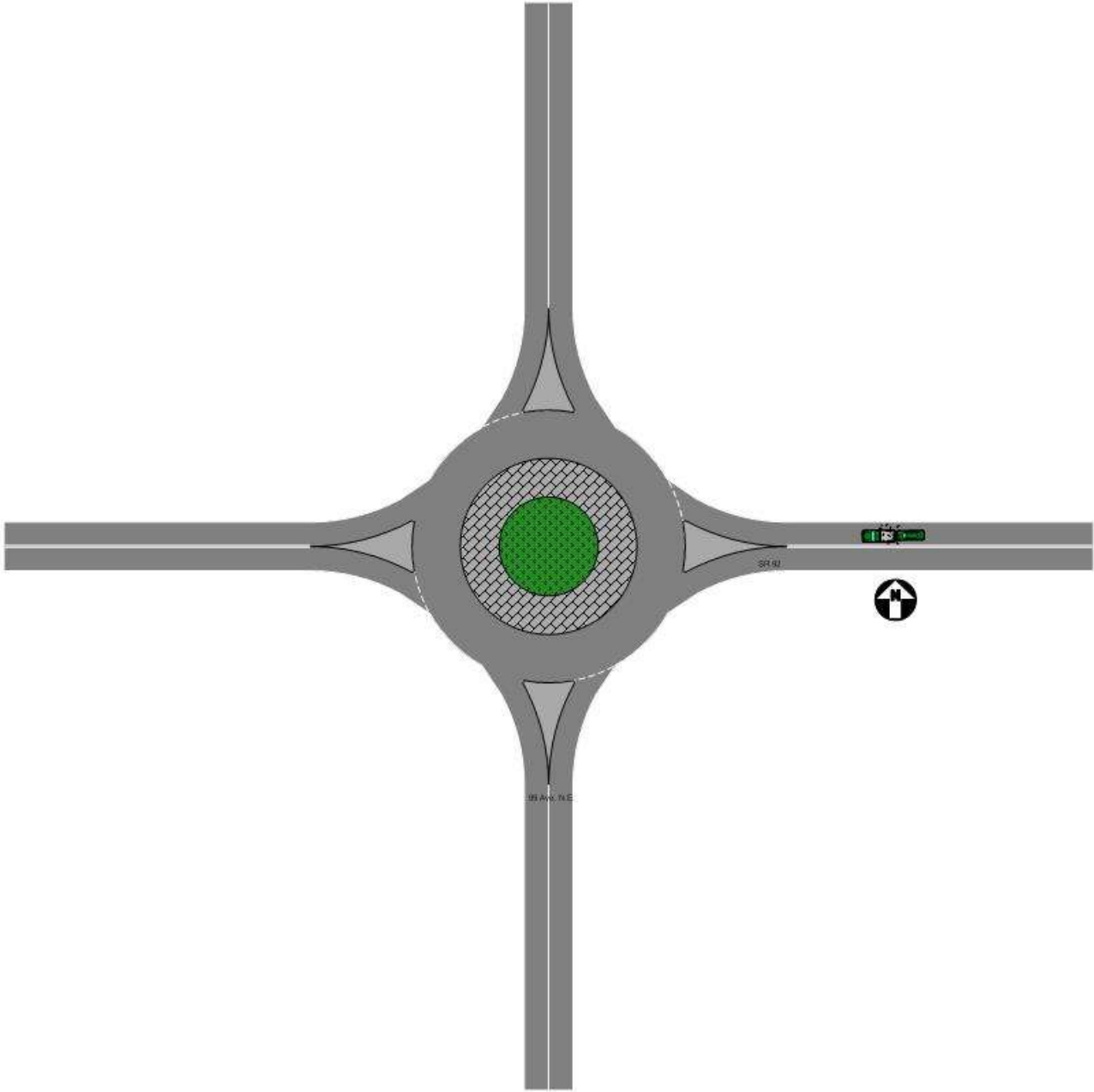
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. BROOKS		04-16-16 05:27 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATE
APPROVED BY R. BROOKS 0013		PLACE SIGNED 4/16/2016 5:47:13 PM	
BADGE OR ID #	0013	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
4:06 PM		4:06 PM	

REPORT NO. E534599

CASE # 16-00007130

DATE AND TIME
OF COLLISION 04/16/16 16:05





LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-00007130

<u>VICTIM</u>		<u>WITNESS</u>	
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NON-DISCLOSURE

[illegible]

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-00007130

VICTIM ☐ WITNESS ☐

NON-DISCLOSURE

NAME (LAST, FIRST, MIDDLE) Anderson Jack A.		RACE W	ETHNICITY	SEX M	D.O.B. 2-23-67	AGE 49	HGT 5-11	WGT 310	HAIR Blnd	EYES BLU
STREET ADDRESS 1701 N- Tower Ave				CITY Centralia		STATE WA		ZIP 98531		
HOME PHONE 360-736-6091		CELL PHONE 360-388-6705			WORK PHONE 352-3934					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT South Gate Fence					

STATEMENT:

had to slow down for traffic at the Roundabout when I was hit from behind

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

4-16-16

OFFICER/NUMBER:

DATE SIGNED:

11

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"